



## LOSAP BENEFICIARY DESIGNATION/CHANGE FORM

Please fill out each section completely.

Return to: LOSAP Administrator, MCFRS, 100 Edison Park Drive, 2<sup>nd</sup> Floor

Gaithersburg, MD 20878

Telephone: 240-777-2428

### 1. Volunteer Information:

(Please print clearly using black ink)

First Name	MI	Last Name	Social Security Number	Phone No.
Address	City	State	Zip Code	Email Address

### 2. Beneficiary Designations: I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the following:

#### A. Survivor Beneficiary – Must be a spouse or domestic partner (see Section 33-22(c) of the MC Code for the requirements for domestic partner).

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number
Spouse						
Domestic Partner						

#### B. Death Beneficiary – one time \$5,000 payment

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, zip code)	Relationship/DOB	Social Security Number
Individual						
Corp./Organization						
Trust Other						

### 3. Trust Designation – Please attach a copy of the Trust Agreement. Complete if a Trust has been named as a Beneficiary in Section 2.

Trustee's Name (First, MI, Last)	Address (include city, state, zip code)

And successor(s) in trust, as Trustee(s)		Dated		As amended and executed by me and said Trustee.
	Title of Agreement		Date of Agreement	

Signature

Date

**MCFRS volunteer must sign and date this form. The signature date must be the date the volunteer actually signed the form.**

The survivor benefit is only payable to a spouse or domestic partner. You may name anyone or any entity as your death benefit beneficiary and you may change your beneficiary at any time by completing a new Beneficiary Designation/Change form. **Payment will be made to the named beneficiary. Current benefit for survivors is ½ of the monthly award for life or until spouse or domestic partner remarries; death benefit is \$5000.** (Revised form 12/2011)